

**Virginia I. Jones Alzheimer’s Disease and Related Disorders Council**  
**Spring Grove Hospital Campus, Dix Building Basement**  
**4/18/2018 1:00pm-3:00pm**  
**Minutes**

**Council Attendance**

Suzanne Carbone  
Stevanne Ellis (co-chair)  
Cynthia Fields  
Carole Friend  
Michelle Garcia (for Sheree Sample Hughes)  
Ernestine Jones Jolivet  
David Loreck  
Marie McLendon  
Cass Naugle  
Bill Neely  
Ana Nelson  
Sadie Peters (co-chair)  
Kirsten Robb-McGrath  
Ilene Rosenthal  
Quincy Samus  
Ed Singer

**Council Staff Attendance**

Berit Dockter  
Rosanne Hanratty

**Council Attendance by Phone**

Stephen Vozzella  
Michele Williams

**Guest Attendance**

Valerie Coleman  
Lesley Flaim  
Bonnie Glick  
Verna Jones-Rodwell  
Pat Kasuda  
Rona Kramer  
Susan Levy  
Katherine Marx  
Claudia Thorne

**1. Welcome and Introductions**

- a. The meeting was called to order at 1:02pm by Stevanne Ellis. Council members and guests introduced themselves.
- b. Welcome Secretary of Aging
  - i. Ms. Ellis introduced Secretary of Aging Rona Kramer.
  - ii. Secretary Kramer said she was honored to be here with everyone today.
- c. Council vacancies and recruiting
  - i. Ms. Ellis discussed the vacant positions:
    1. a physician who conducts research in Alzheimer’s disease and related disorders,
    2. an individual with early–onset Alzheimer’s disease or a related disorder,
    3. a registered nurse with expertise in Alzheimer’s disease and related disorders,
    4. an attorney who works directly with disabled or elderly individuals.
      - a. Aquanetta Betts, who held this position, resigned from the Council because of a new job and changing responsibilities. Currently an individual is under review to fill this vacancy.

- ii. Ilene Rosenthal reported that she encouraged someone with early onset Alzheimer's Disease, who had spoken at a recent dementia advocacy event sponsored by the Alzheimer's Association, to apply to the Council.
- d. Welcome new appointments
  - i. Ms. Ellis introduced new Council appointments:
    1. Michele Williams is a licensed nurse practitioner with expertise in end-of-life care and pain management.
    2. Carole Friend is a representative of the medical adult day care industry.
    3. Kirsten Robb-McGrath is replacing William Frank as Maryland Department of Disabilities representative.
  - e. Ms. Ellis reminded everyone the State Ethics Financial Disclosures are due April 30, 2018. Please see the instruction in the email sent by Berit Dockter to complete your disclosure. Let one of the staff or chairs know if you have questions.

## **2. Approval of January 17, 2018 minutes**

- a. Ed Singer made a motion to approve the January 17, 2018 meeting minutes. Bill Neely second the motion. The Council members approved the meeting minutes. The minutes will be posted to the Council website:  
<https://health.maryland.gov/Pages/Alzheimers-Council.aspx>

## **3. Upcoming Council Meeting Dates and Times**

- a. Dr. Sadie Peters reminded Council members of the upcoming meetings from 1-3pm. If there are any issues with the upcoming dates, please notify us.
  - i. July 18, 2018
  - ii. October 17, 2018

## **4. Speaker's Bureau Presentations**

- a. Ms. Ellis introduced the guest speakers.
  - i. Dr. Katherine Marx is a research associate at Johns Hopkins School of Nursing and principal faculty in the Center for Innovative Care in Aging. Her session is titled "Managing Neuropsychiatric Symptoms Using Non-Pharmacologic Interventions for Persons with Dementia in Assisted Living."
    1. Slides were provided to Council members.
    2. The presentation included an overview of research studies related to treating dementia with music therapy, animal-assisted therapy, activity engagement, and others.
  - ii. Dr. Susan Levy is a consultant and facility medical director. Her presentation is "Update on the CMS Partnership to Improve Dementia Care."
    1. Slides were provided to Council members.
    2. Objectives included:

- a. Provide review on medication use for “behavior” in dementia care.
  - b. Review goals of the CMS Partnership to Improve Dementia Care.
  - c. Review results of the Partnership at a national and local level and new goals for “late adopters.”
- b. Ms. Ellis thanked Dr. Marx and Dr. Levy for their presentations.
  - c. Questions and comments were entertained after both presentations were done. Suzanne Carbone asked what would it take to set a standard for nursing home staff interaction with patients/residents? “It would take a [trained] workforce and legislation. We are still talking about issues that were problems 20 years ago.” Dr. Levy agreed with the concern and discussed regulations in place.
  - d. Verna Jones-Rodwell discussed advocacy and legislation in Annapolis. There needs to be a strategy to get a bill passed. If this Council could come up with legislation that speaks to the issue, we would also have to consider the strategy to get it passed through the General Assembly.
  - e. Mr. Singer discussed the possibility of legislation, then asked if it would be appropriate to ask the Department of Aging to introduce a Departmental bill?
  - f. Sec. Kramer suggested the Council could work on specifically defining the issue and work with the experts before talking to the legislature about what can be done.
  - g. Dr. Marx discussed staff and recognizing dementia, and where staff would need more training.
  - h. Mr. Neely mentioned non-pharmacological treatment and asked “have you looked at food?” Dr. Marx responded that she does not have the expertise in food but could refer to others who might do research in that area. Dr. Levy mentioned that many facilities experiment with providing variations on a healthy diet, but there have not been careful reproducible studies to come up with any standard diet for all long term care facilities and residents.
  - i. Ms. Carbone asked “are individual care plans required?” Dr. Levy answered “yes.” Ms. Carbone asked about requirements for non-pharmacological treatment. Dr. Levy discussed regulations and what is monitored.
  - j. Ms. Jones-Rodwell wondered if there was a legislative strategy to more strongly encourage staff and administrators to do the right things on the job.
  - k. Cass Naugle mentioned the Alzheimer’s Association Dementia Care national curriculum that can be implemented across the country.
  - l. Ms. Jones-Rodwell mentioned implementing the curriculum at grassroots level.
  - m. Ms. Carbone and Dr. Marx discussed other activities and tailored treatments, and what is allowed by each facility.
  - n. Dr. Levy mentioned the importance of taking a good patient history and tailoring treatment to each patient’s experience. She also discussed how states are implementing tailored care differently.
  - o. Ms. Carbone asked about requirements for having a medical director in assisted living. Dr. Levy said there is not a requirement in assisted living to have a medical director. They are regulated differently.

- p. Ms. Ellis interjected with comments that the most advanced clinical professional to visit assisted living facilities are often nurses and often they are there for patient care needs only a couple times each week. This is a different model from the nursing home, where a doctor is usually on duty daily.
- q. Valerie Coleman discussed PT/OT/Rec Therapy times feel rushed and perhaps not enough in some facilities. If [patients] had more activity, their need for medication to manage behavior might decrease.
- r. Dr. David Loreck asked Dr. Marx about literature in nursing homes. Dr. Marx's research did not look at nursing home literature, but focused on assisted living where there is less research. Dr. Loreck discussed the psychiatric issue and geriatric medicine problem. Dr. Loreck and Dr. Levy discussed the psychiatric billing issues.
- s. Ms. Coleman asked "why is there not a long-term care place?" Dr. Levy said nursing homes are currently the place for these patients.
- t. Dr. Marx discussed customizing treatment in a variety of settings.
- u. Dr. Quincy Samus encouraged the group to consider what care delivery and outcomes measures we would like to track. What is quality of care? Discussed regulations coming down and those who would rather self-regulate. Developing a standard of care and setting criteria (for quality) would be helpful. Look at quality of life. Dr. Levy mentioned the Maryland payment model.
- v. Sec. Kramer suggested looking at the state's new Primary Care Program. The state has an agreement with CMS to roll-out a new primary care model where doctors are incentivized to keep their patients healthy. She encouraged the Council to have a discussion with the Department of Health to further look into patient needs. Also, look at the funding that is needed to for the improved quality the Council would like to see.
- w. Ms. Hanratty discussed the primary care program and its emphasis on what to use to assess long term care quality and what criteria will be incentivized. She mentioned that the new Maryland Primary Care Program includes a drop-down menu with cognitive impairment screening as one choice of a quality indicator.
- x. Ms. Naugle mentioned Dr. Levy has been a great partner and thanked her for her work on the initiatives.
- y. Dr. Cynthia Fields and Dr. Levy discussed charting and communicating with nursing staff and the responsibility of the physician. Dr. Marx mentioned the technology available to track behaviors and monitoring. Dr. Samus and Ms. Coleman mentioned agitated patients, depression, and other concerns.
- z. Ms. Ellis suggested next time we could have a further discussion on the "day in the life of a nursing home" and thanked the speakers.

## **5. Subcommittees Updates**

- a. Support Prevention and Early Detection of Alzheimer's and Related Disorders (Dr. Loreck (Chair), Ms. Naugle, Dr. Peters, Dr. Salazar, Dr. Bakker, Ms. Nelson)
  - i. Dr. Loreck presented for the subcommittee. Regarding dissemination of the letter on which the subcommittee has been working to encourage providers across the state to screen for dementia, he envisions a four-pronged approach, including the medical wellness visit. The subcommittee has created several

drafts of the letter, hoping to send to primary care physicians (PCPs) for the Medicare wellness visit. Dr. Loreck asked “who would the letter come from?” Dr. Loreck asked Dr. Peters whether the letter could come from the Department of Health in the same manner as letters with subjects like opioids and Hepatitis C.

- ii. Dr. Peters mentioned that the Council’s role is an advisory Council, and would be a lengthy process to clear such a letter through the Department of Health. Dr. Peters report that she spoke to MedChi, which has contact information for every provider in the state. Using MedChi as a communication channel may make sense. Some things make sense for the Department of Health, but MedChi is another option. The Department of Health news releases go to health officers, and may not reach every provider directly.
- iii. Mr. Singer, Health Officer from Carroll County, and said that he took this idea of disseminating the letter through the County Health Officers to the last meeting of the Health Officers and got a bit of resistance from the members at that time. The Health Officers overwhelmingly said there are a lot of competing priorities in the counties and the Health Officers say that their counties’ providers may not pay any attention to yet another letter from the state government. Getting something in front of providers is difficult. In his work, he has established better relationships with practice office managers to get the attention of the physician, who may be too busy to read letters. Maybe a letter could be supported through social media, but he said he was unsure how to best get the physician attention.
- iv. Dr. Peters said the subcommittee had an opportunity to think creatively how to do this (sending out a letter). There are other groups and practitioners who could be reached.
- v. Mr. Singer mentioned that a recent opioid news release and a survey that needed comments from provider was a lot of work to put out. It is very difficult to reach the physician audience for which it was intended.
- vi. Dr. Loreck said the letter would come with a resource and asked “what could we send?” He suggested a pilot test of the letter and resource sheet with a few physicians to collect their feedback. He suggested that the packet would include early identification guidelines and steer providers to resources and events.
- vii. Bonnie Glick noted that the new Maryland Primary Care Model includes a drop-down menu with cognitive impairment screening as one choice of a quality indicator. The first prong could be the education piece. The next prong could be getting the education out there, what to test, how to diagnose patients; the incentive is built in the program. Alzheimer’s has a different imperative for action than opioids or the Zika virus or other outbreaks, for example, which is why there is a different urgency for letters.

- viii. Mr. Singer suggested the Maryland Hospital Association as another option to distribute a letter. He shared that a recent outreach to pain clinics received a very low response.
- ix. Secretary Kramer suggested the Council ask MedChi to present at a Council meeting and ask them to distribute the tools this Council creates. “Let’s talk to them.”
- x. Mr. Singer said CMEs are another way to attract physicians.
- xi. Dr. Samus discussed claims data and suggested the group strategically target different geographies across the state. Ms. Rosenthal mentioned the annual wellness visit as an opportunity. Medicare billing codes support the time needed for cognitive assessment during a patient’s visit.
- xii. For the next meeting agenda, there was a request from Dr. Samus to further discuss the primary care model and what it includes. Ms. Ellis said we can talk to the Department of Health and request a speaker on this topic.
- xiii. Ernestine Jones Jolivet discussed her personal experience at the annual wellness visit with her own medical provider, who did take the time to talk to her about cognitive health. “The awareness is happening.”
- xiv. Dr. Loreck would like feedback from the Council members between meetings. Ms. Ellis suggested posing questions to the Council over email.
- xv. Ms. Jones-Rodwell said reaching out to MedChi is an option.
- xvi. Dr. Loreck would like to pilot the letter with about 100 physicians. He would like a formed and thoughtful process, but would need feedback on each step from his subcommittee members and from the Council in general.
- xvii. Dr. Peters said the whole Council can do more to communicate over email in between meetings. The subcommittee can reach out to others outside of their own subcommittee. Dr. Peters encouraged everyone to reach out to each other as resources.
- xviii. Mr. Singer said that the health officers meet monthly and that there may be an opportunity for a Council member to talk to that group and he would be happy to add this to a future health officers’ meeting agenda. However, the health officers think a letter to providers would not be very effective.
- b. Enhance Quality of Care (Ms. Ellis, Dr. Majid, Ms. Seek (Chair), Mr. Vozzella)
  - i. Lesley Flaim discussed the nursing home and assisted living initiative. The patient-centered care training was discussed at past Council meetings. Ms. Flaim distributed a handout to the Council to share results of those who completed the training. Group trainings will continue.
- c. Enhancing Supports for Persons Living with Alzheimer’s Disease and Related Disorders and their Families (Ms. Carbone, Ms. Rosenthal (Chair), Dr. Samus)
  - i. Ms. Rosenthal would like to do a presentation at the next meeting about resources available through the Alzheimer’s Association. She mentioned a new budget allocation in the state is going to support nursing home diversion. The Alzheimer’s Association has a focus on early stage programs. New programs around the state include: “Memory Cafes,” art programs with the art museum,

zoo programs, and area fitness center programs. June is Alzheimer's and Brain Awareness Month. Faith communities are involved in May and June and are provided resources to share with their congregations. The new facts and figures report will be shared by Ms. Naugle. Community forums will be conducted in the next 12 months to hear from businesses and caregivers to better address their needs. The Alzheimer's Association is planning to build a more robust volunteer delivery system to connect people with services. Council members could refer any interested volunteers to her.

- d. Enhance Public Awareness (Dr. Fields, Ms. Jones Jolivet (Chair), Mr. Neely)
  - i. Ms. Jones Jolivet discussed distributing palm cards. More cards were printed. She is looking for the best way to deliver the cards to people who need them. Ms. Carbone said the Montgomery County Library system was happy to take them and distribute.
  - ii. Mr. Singer asked "who is the target population for the cards?" Ms. Jones Jolivet said the audience is anyone, certainly for providers or caregivers. Mr. Singer and Ms. Ellis are happy to take and distribute cards in the local health departments and other places. Ms. Coleman also offered to distribute to her connections.
  - iii. Ms. Jones-Rodwell asked if we are taking a list of those who are requesting the cards. Ms. Jones Jolivet said at first the cards were distributed to the Council. "We have not kept a list." At the last meeting, the Council was asked where they distributed their cards. Ms. Jones-Rodwell asked if the Department of Health would be a good place to distribute. Mr. Singer mentioned places in the field (health departments) to distribute, keep in the lobby, and work with the Office On Aging to try and find the most appropriate place in the county to distribute because all health department locations are different. Secretary Kramer discussed their partners and who could help distribute the palm cards.
  - iv. Someone asked if the he palm card resource is available electronically to distribute as well. Berit Dockter and Ms. Jones-Rodwell affirmed that it is.
  - v. Ms. Carbone suggested developing a plan to reach recreation facilities or libraries, and try to target places where people might be uninformed. "Senior centers are great places to distribute."
  - vi. Dr. Peters suggested to keep track of these ideas and discussing further over email.
- e. Improve Data Capacity to Track Progress (Dr. Majid, Ms. Naugle (Chair), Ms. Nelson, Dr. Bakker)
  - i. Ms. Naugle discussed the updated Alzheimers Association facts and figures and distributed a copy to each Council member. Ms. Glick said this is a great resource to share on social media.
- f. Other reports/updates
  - i. Guest, Claudia Thorne PhD, discussed increasing the awareness of dementia and the *Dementia Friends* initiative. Dr. Thorne is a faculty member at Coppin's School of Social Work and is involved with *Dementia Friends USA*, a

program affiliated with *Dementia Friendly Communities*. The initiative's goal is to shift the stereotypes of the disease. Montgomery County and Prince George's County are implementing the *Dementia Friendly Communities* model. Dr. Thorne has done training in those two counties. She works at "getting the word out" and offer trainings and resources. Dr. Thorne asked if she could come back and share more with this Council on the trainings they offer. Her goal is to train champions in the community who will carry-out the training.

**6. Recognition of Alzheimer's Association CARES™ certification for dementia care course completion**

- a. Ms. Ellis congratulated Ms. Coleman for completing the CARES certification sponsored by the Alzheimer's Association. All those who completed the certification training (based on the list provided by Ms. Flaim) were invited today, but Ms. Coleman was the only attendee from the certification course. The Council was invited to have refreshments today to celebrate.

**7. Adjournment**

- a. Ms. Ellis called for a motion to close the meeting. Ms. Jones Jolivet made a motion to adjourn the meeting at 3:32pm.

**The next meeting of the Virginia I. Jones Alzheimer's Disease and Related Disorders Council will be held on July 18, 2018  
Spring Grove Hospital Campus, Dix Building Basement  
1:00pm-3:00pm  
Call-in Number: 1-240-454-0887 Access Code: 640 712 548**